

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 673139	RECEIPT DATE:	10 / 11 / 00
IA NUMBER:	PCT/ GB99 / 01170	IA FILING DATE:	04 / 16 / 99
FAMILY NAME:	REVELL	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	PETER ALLEN	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 17 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	23530-0003	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	SHAW PITTMAN		
STREET:	2300 N STREET N W		
CITY:	WASHINGTON		
STATE/COUNTRY:	DC	ZIP:	200371128
EMAIL:			
APPLICATION TITLES:			
	BONE IMPLANT		

TAB TO LAST POSITION,PUSH SEND